

Bonner Springs City Library - Meeting Room Reservation Application

Name of Organization _____ Contact Person _____

Address of Contact Person _____
City _____ State _____ Zip _____

Home Number _____ Cell Number _____ E-Mail _____

Event Description: _____

Date Requested _____ Anticipated attendance _____ Start time* _____ End time* _____

** Events must begin, adjourn and all clean-up must be completed during the library's scheduled hours of operation.*

Will there be food/beverages? Yes _____ No _____ (The Library provides NO table service.)

Library furnishings/equipment requested _____
(Attach a list of available equipment)

Will additional equipment not belonging to the library be used? Yes No

If yes, briefly explain. _____

The undersigned agrees that he/she:

(1) has received a copy of the Bonner Springs City Library Meeting Room Use Policy and agrees to abide by and enforce those regulations in accordance with the stated policy; (2) to be responsible for payment of any clean-up/repair charges assessed by the Library in cases of unusual wear and tear on the room, facilities, furniture or equipment; and (3) will indemnify and hold harmless the City of Bonner Springs, the Bonner Springs City Library, its staff, board of trustees or agents harmless from any and all claims, expenses and damages, including attorney fees, which may arise out of the applicant's or group's use of the meeting room, grounds, facilities, and equipment. The undersigned further represents that he or she is fully authorized to enter into this agreement for and on the behalf of said group or organization.

Applicants who do not have a current Bonner Springs Library Card must provide a valid Driver's License or other photo identification at the time of application. Reservations are not final until the application is approved by designated library personnel.

Signature of applicant _____ Date _____

Library Use Only

Application approved. _____ Application denied. _____ Contact person notified. Date _____

Reason for denial _____

Equipment confirmed _____

Comments: _____

Authorized Signature _____ Date _____